



COMMERCIAL DRIVER TRAINING INSTRUCTOR LICENSE APPLICATION

NORTH DAKOTA HIGHWAY PATROL
SFN 13960 (3/04)

Name of Instructor		Application Year	
Address	City	State	Zip Code
Drivers License Number	Date of Birth	Sex Male Female	
Ever Been a Resident of or Licensed in Another State? No Yes - list city, state, and year			
Name of Commercial Driving School Instructing For:			
Authorized to Sign Agreements/Contracts/Certificates? No Yes			

Previous Employers: (Last five years)

Name	Address	Date

Previous Driver Training Instructor Experience:

No Yes - list locations and dates below

Name of School	Address	Date

Holder of Valid Certificate from the Department of Public Instruction? No Yes - expiration date:

I, _____, hereby authorize the Superintendent of the North Dakota Highway Patrol or his authorized representative to investigate my background and any criminal record I may have.

Signature	Date
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A \$10 fee must accompany this application. Make check or money order payable to the North Dakota Highway Patrol, 600 E Boulevard Avenue Dept. 504, Bismarck ND 58505-0240. A copy of your driving record (obtained within 30 days of the date of this application) from the Drivers License Division, Department of Transportation, 608 E Boulevard Avenue, Bismarck ND 58505-0700, must also accompany each renewal application.